

## SPONSOR INFORMATION

*Please print or type all information and fax to your local apprenticeship representative. A DOLI representative -- upon sponsor registration -- will assign a sponsor number.*

### Organization

Name \_\_\_\_\_ Sponsor # \_\_\_\_\_

Mailing Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

### Organization Contact

Name \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

City/County \_\_\_\_\_

SIC # \_\_\_\_\_ Principal products/services \_\_\_\_\_

Number of locations in VA \_\_\_\_\_ Number of employees in VA \_\_\_\_\_

Directions to facility \_\_\_\_\_

Business license/state board # \_\_\_\_\_ Issued by \_\_\_\_\_ Exp. Date \_\_\_\_\_

### Preparer

Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

-----Do not write below this line-----  
*For Department of Labor and Industry Use Only*

Expected start date (first apprentice) \_\_\_\_\_ Davis-Bacon ☐ Yes ☐ No

Next Program evaluation date \_\_\_\_\_

Next EEO Compliance Review Date (or "exempt") \_\_\_\_\_

### DOLI Representative

Name \_\_\_\_\_

Number \_\_\_\_\_ Date reviewed \_\_\_\_\_